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ABSTRACT

This document evaluates the Des Moines Public Schools health services and education program, which utilizes the professional expertise of school nurses throughout the district. The program promotes success in the learning process for students (including those with complex health care needs, conditions, and disabilities), employees, and the community. Areas of education and service include substance abuse programs, athletic programs, emergency plans and procedures, pregnant and parenting students, cardiopulmonary resuscitation instruction, communicable disease, health appraisals (including immunizations), child abuse programs, special education planning, physical education, health education counseling, and curriculum planning and instruction. Future plans emphasize individualized health care for students with special needs, in-service programs for staff, and the maintenance of students in the educational process at their optimum level of physical, psychological, and emotional well being. (LL)

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91-098

HEALTH SERVICES

Student Services Department

ED385308

PROGRAM EVALUATION

1990-91

April, 1991

Des Moines Independent Community School District
1800 Grand Avenue
Des Moines, Iowa 50309-3382

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Focus on Program Evaluation

SP033144

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EVALUATION ABSTRACT

HEALTH SERVICES

MISSION STATEMENT

Des Moines Public Schools Health Services will provide professional health services and health education for students, employees and the community to promote success in the learning process.

CONTEXT

Professional expertise of school nurses is utilized throughout the district for health services and health education, which includes students with complex health care needs (health conditions and disabilities never imagined a decade ago), substance abuse programs, athletic programs, emergency plans and procedures, pregnant and parenting students, cardiopulmonary resuscitation instruction, communicable disease, health appraisals (including immunizations), child abuse programs, special education planning, physical education programs, health education counseling, curriculum planning and instruction. The Health Services Department and school nurses provide assistance to the district by monitoring the Employee Health Program, which includes employee physical examinations, the Workers' Compensation Program, the Wellness Program, personal health education, and counseling for individual staff and guidance for administrators.

INPUT

The 1990-91 Health Services program budget, $981,380, is derived from the general district fund. Additional grant monies and special education funds provide $157,801. These monies are used for salaries, in-district travel, out-of-district travel, health service supplies for all buildings in the district, repairs, replacement and purchasing new equipment, and printing of district health forms and health education information. The program is staffed by a part-time medical director, one supervisor, one secretary, one health associate, 31-1/2 full time equivalent registered nurses. Six and one-half nurses are provided by Special Education funds, the Head Start Program, and grant monies.

PROCESS

The program is designed to identify barriers to student learning by assessment, planning, implementation and evaluation; assist with health instruction; and promote a healthy school environment for wellness, safety, and emotional/social climate.

PRODUCT

School nurses' professional expertise assists administrators and staff in the development of an interrelated and coordinated total health program which includes health services, health education and the promotion of a healthful school environment for students, staff and parents in the Des Moines Public Schools. A comparative summary of student withdrawals due to health problems displays an overall decrease.

The district Workers' Compensation program has been monitored by the Health Services Department since 1987, which has resulted in an average cost reduction of $350,000 per year. The school nurses provide for 26 daily required direct nursing services which, if contracted, would cost $276,120 per year. A training video was written and produced by the Health Services Department and the Curriculum Service Center to instruct non-licensed school personnel in the administration of medication during the absence of the school nurse. This training program is currently used throughout the State of Iowa with requests for national use.

FUTURE PLANS

Emphasis will be placed on individualized health care plans for students with complex health care needs. Continued in-service programs will be planned to support staff and nurses with the increasing demands of student health care. Each school nurse is committed to maintaining students in the educational process at their optimum level of physical, psychological and emotional well being. The positive effect experienced in the 1990-91 Youth at Risk grants which provide for full-time equivalent nurses in three additional buildings is strong evidence that it would be appropriate to plan for a nurse in each building. The task would be to collaborate with other support staff and marshal the abundant available health care resources in our community on behalf of students, staff and parents. Better coordination of the mainstreamed students who are moderately to profoundly handicapped and who have complex health care needs is necessary. In-service opportunities in the care of these students should be provided. Cardiopulmonary resuscitation certification (CPR) should be a requirement for coaches. A plan for maintaining a minimum of two staff in each building who are currently certified in first aid and CPR should be implemented. When the district plans for new programs, (i.e., Early Childhood), consideration should be made for the delivery of health services to this additional population. The district should consider the development of Policy and Procedures as more direct nursing service is required for students with chronic health care conditions.

A copy of the complete report is available upon request from the Department of Information Management, Des Moines Public Schools, 1800 Grand Avenue, Des Moines, Iowa 50309-3382, Telephone: 515-242-7839.

HEALTH SERVICES

STUDENTS 0-21 YEARS

EMPLOYEES

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Des Moines Independent Community School District
Des Moines, Iowa 50309-3382

April, 1991

I greatly appreciate
the assistance of reference information from the following nurses
in preparation of this report:

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DISTRICT MISSION STATEMENT

"THE DES MOINES INDEPENDENT COMMUNITY SCHOOL DISTRICT WILL PROVIDE A QUALITY EDUCATIONAL PROGRAM TO A DIVERSE COMMUNITY OF STUDENTS WHERE ALL ARE EXPECTED TO LEARN."

HEALTH SERVICES RESPONSIBILITY STATEMENT

"DES MOINES PUBLIC SCHOOLS HEALTH SERVICES WILL PROVIDE PROFESSIONAL HEALTH SERVICES AND HEALTH EDUCATION FOR STUDENTS, EMPLOYEES AND THE COMMUNITY TO PROMOTE SUCCESS IN THE PROCESS OF LEARNING."

CONTEXT EVALUATION

HISTORY

The Des Moines Public School system has been committed to providing health services for students by registered nurses under the direction of a medical director and supervisor. Six school nurses were employed in 1912 "for the management, education and control of communicable disease in school." By 1920, the school nurse staff was increased to 20 nurses and rose to 48 in the 1970's. An emphasis on recognizing the need for nurses to work with staff to identify the barriers to learning for students and the importance of maintaining the optimum level of physical and emotional well being, despite chronic health conditions and disabilities, has been a philosophy embraced and upheld. Evidence of this is shown by construction in 1931 of Smouse Opportunity School to serve the physically handicapped student K-8. Currently, students with multiple handicapping conditions are served throughout the district. In addition to Smouse, Ruby Van Meter, which serves mental disability students and Orchard Place, Child Guidance, Focus, and hospital schools which serve Behavior Disability students, are in operation.

In 1928, what is now the Iowa Department of Education enacted rules for the provision of health services and health instruction (to include education about stimulants, narcotics and poisonous substances) in public schools, and by 1958 the state standards included vision and hearing screenings and nutritional concerns. In the United States, policies that shape school health programs are established by each state. State legislative, executive and judicial branches enact and enforce policies that determine direction and standards for local school programs. Local school districts retain considerable autonomy to interpret state policies.

POLICIES, STANDARDS AND REGULATIONS

IOWA DEPARTMENT OF EDUCATION STANDARDS

HEALTH SERVICES POLICIES, STANDARDS AND REGULATIONS

12.3(9) HEALTH SERVICES. The board shall adopt a policy for the implementation of a school health services program. The program shall be designed to help each student protect, improve, and maintain physical, emotional, and social well-being.

Areas to be considered in the development of a policy could include, but not necessarily be limited to: environmental health and safety; emergency health procedures and responsibilities; health promotion; communicable disease prevention and control; staffing for the school health program; administering of prescription medication; acute or chronic health problems; health assessment and screening; and record keeping and program evaluation.

IOWA ADMINISTRATIVE CODE

Iowa Administrative Code - Iowa Department of Public Health 641-7.5(139) requires the Superintendent of Schools or the superintendent's designated representative (Des Moines Public School System - school nurse) to validate proof of immunization for students wishing to enroll in schools. The judgment of the adequacy of the applicant's immunization history is based upon Iowa immunization requirements and approved by the school nurse.

Cooperative planning for school health services has been an ongoing effort by collaborating with community agencies and service organizations such as the PTA.

IOWA ADMINISTRATIVE CODE

IOWA DEPARTMENT OF PUBLIC HEALTH (641)
CHAPTER 7

641.7.5(139) Proof of immunization.
7.5(1) Applicants, or their parents or guardians, shall submit a valid Iowa department of public health certificate of immunization to the admitting official of the school or licensed child-care center in which the applicant wishes to enroll. To be valid, the certificate shall be signed by a doctor, or a physician's assistant, or a registered nurse in an attending doctor's office, or a nurse practitioner, or a county public health nurse, or a school nurse, or an official of a local health department. The judgment of the adequacy of the applicant's immunization history should be based on records kept by the person signing the certificate of immunization or personal knowledge of the applicant's immunization history, or comparable immunization records from another person or agency, or an international certificate of vaccination, or the applicant's personal health records.

IOWA BOARD OF NURSING

The Iowa Board of Nursing (governing body for professional nurse licensure) Nurse Practice Act and the Standards of School Nursing Practice set forth the standards of identification for the school nurse which include:

1. Apply appropriate theory as the basis for decision-making in nursing practice;
2. Establish and maintain a comprehensive school health program;
3. Develop individualized health plans;
4. Collaborate with other professionals in assessing, planning, implementing, and evaluating programs and other school activities;
5. Assist students, families, and groups to achieve optimal levels of wellness through health education;
6. Participate in peer review and other means of evaluation to assure quality of nursing care provided for students and assumed responsibility for continuing education and professional development for self while contributing to the professional growth of others:
7. Participate with other key members of the community responsible for assessing, planning, implementing and evaluating school health services and community services that include the broad continuum of promotion of primary, secondary and tertiary prevention; and
8. Contribute to nursing and school health through innovations in theory and practice and participation in research.

Qualifications for school nurse practice include a valid state registered nurse license and a minimum of three years experience in hospital nursing with additional experience in community health. A baccalaureate degree from an accredited institution of higher learning is desired.

DES MOINES INDEPENDENT COMMUNITY SCHOOL DISTRICT STANDARDS

SERIES 500 CODE 531 TITLE: HEALTH AND SAFETY

Necessary rules and regulations shall be implemented to protect the health, safety and welfare of the student body and to assure appropriate aid to students who become ill or injured at school.

SERIES 400 CODE 406 TITLE: PHYSICAL EXAMINATION

All employees will have a physical examination by their personal physician before being employed, and during each three-year period thereafter or at any time at the request of the Superintendent or designee.

Bus drivers will be examined yearly, or at any time by request of the Superintendent or his/her designee.

STUDENT HEALTH PROGRAMS

Health Services is an integral part of district programs provided for students and employees. A medical director and a supervisor provide leadership, guidance and supervision to district programs and school nurses for implementation of mandated and recommended rules and regulations for students, staff, and parents.

Athletic Programs

An athletic medical form provided by the Iowa High School Athletic Association must be completed by a physician or designee and placed on file in the school nurse's office before the practice season for each sport begins. Student athletic examinations are facilitated by the school nurse in cooperation with the coach. School nurse practitioners provide free medical examinations for students who are unable to obtain them from the community for varied reasons. The nurse and the coach consult on abnormal health conditions and monitor accidents and injuries for appropriate treatment, participation, and documentation.

Cardiopulmonary Resuscitation (CPR) Instruction

The goal of the CPR program is to increase the safety of students and staff in the learning center, in extra-curricular activities, and in the community, by instructing staff and 12th grade students in CPR. When CPR is administered by trained personnel immediately, there is a 40% greater chance of survival. (American Heart Association)

The objective of a CPR course is to ensure that each participant accurately learns the performance skills of CPR as well as information concerning risk factors, prudent heart living, signals and actions for survival, and entry into the Emergency Medical System.

CPR is mandated by Iowa Code for nurses with annual recertification and CPR for Des Moines Public Schools high school seniors during physical education class prior to high school graduation.

School nurses and trained district staff provide CPR before trained rescuers can arrive to treat and transport individuals to an emergency room.

The American Heart Association (AHA) and American Red Cross (ARC) CPR standards are as follows:

Regulations dictate:

- CPR--recertification every year.
- First Aid--recertification every three years.
- Instructor's ratio--one instructor to six students.

Class sessions consist of the following:

- CPR/first aid--8 hour participation recertification--6 hour participation--no charge for district employees

CPR/instructor's course--4-6 hours -- no charge
CPR/first aid staff development--15 hours/one credit--$15

CPR/certification--adult--4 hours--no charge
Adult, child and infant--6 hours--no charge
CPR recertification classes--2 hours-3 hours -- no charge.

District CPR instruction history is as follows:

1971	Certification of school nurses at Franklin Junior High implemented
1972-73	Instructor's training was provided (6 nurses)
1972-73	Annual recertification of school nurses by instructors.
1973	Staff development classes--CPR/first aid for staff implemented.
1978-79	CPR training for physical education teachers implemented.
1979-80	CPR for high school seniors via physical education CPR instructors implemented.
1981-Present	

Current programs offered are as follows:

1. Annual recertifications--nurses, physical education instructors, Smouse and Van Meter associates.
2. Staff development CPR/first aid--fall and spring individual building requests. There have been 1,818 district employees inserviced since 1981.
3. Staff development recertification classes are offered each semester.
4. High school seniors--adult CPR.

Mandatory Reporter Training for Child Abuse Identification and Reporting

Prior to provisions of the Iowa Code enacted in July 1985, school nurses provided for all reporting of suspected cases of child abuse. In July 1985, Iowa statute declared that all certificated school employees were mandatory reporters of suspected child abuse. The law declared that two hours of training for identification and reporting of child abuse be provided at employment, with recertification every five years. The Health Services Department developed a training program for all certificated district employees and maintained documentation. A two-hour training program is provided for all new certificated employees at the beginning of each school year and during the second semester for those employed after the beginning of the school year. Annual update on child abuse information is provided for district employees by school nurses.

Chronic Health Conditions and Disabilities

Medical technology has made strides which could not have been imagined a decade ago. Currently, the Des Moines Public School system serves 5,101 students with varied health conditions and disabilities (Appendix A). With the passage of PL 94-142, the Education for All Handicapped Children Act of 1975, handicapped children have had access to free and appropriate education, including special related services. Many of these students have complex medical needs which become the responsibility of the school nurse to manage (Appendix B). The least restrictive environment initiative has been implemented throughout the Des Moines Public Schools by placing students with complex health care needs in regular schools. The school nurse counsels staff regarding the health needs of individual students to provide for the most

appropriate educational opportunity. Modification and planning are essential with considerations ranging from immediate emergency care for respiratory arrest to nutrition monitoring for allergies and disabilities. School nurses develop individualized health plans with specific goals and interventions delineating actions unique to each student's needs. These plans are not only recorded, but communicated to appropriate school personnel.

Communicable Disease Control

The Des Moines Public Schools Health Services Department coordinates with the county and state health departments for all communicable disease control. School nurses are responsible for the exclusion and readmission of students and staff. The school nurse submits a weekly communicable disease report to the Health Services Department which is reported to the State Health Department. In 1989, a middle school student was diagnosed as having measles, reportedly due to a vaccine failure. The Health Services Department immediately collaborated with the State Department of Health. Parents were notified of the need for revaccination of exposed students, and a clinic was developed. Two days later, 142 students were revaccinated with free vaccines by eight school nurses, alleviating an outbreak of a possible deadly disease. The students were vaccinated prior to leaving the school at the end of the day, thus allowing for minimal interruption of instructional time. There were no reported cases of measles after the clinic.

The monitoring, referral and exclusion for students with communicable diseases is of utmost importance due to the fragile health conditions of some of the students in our schools, (i.e., a student with leukemia would be in grave danger if contracting chicken pox).

A total of 10,037 Des Moines students contracting communicable diseases were reported by school nurses to the Health Services Department and the Iowa Department of Health during the 1989-90 school year.

The Health Services Department assists the administration in developing guidelines or policies for current health concerns such as 1986 HIV/AIDS guidelines and education for staff and students.

Emergency Plans and Safety

Employees, students and parents/guardians are offered health education and counseling for school or work related injuries.

School nurses instruct employees and students about universal precaution methods that includes handwashing and appropriate handling and disposal of body fluids.

Environmental safety areas of consideration by the school nurse are the overall cleanliness of the building, ventilation and temperature, lighting, seating of students for health and educational efficiency, drinking water facilities, toilet and hand washing facilities, playgrounds and equipment, and development of appropriate evacuation procedures for handicapped students during building emergencies. Employees are in-serviced and procedures are posted.

Students: The school nurse, in cooperation with the building principal, maintains on file an emergency information form for each student. A medical emergency plan for each building is developed, annually revised, and all staff members are made aware of the plan. Student accident reports are completed by school nurses when a student requires a doctor's care or time loss from school resulting from an injury during school or during a school sponsored activity. The original accident report is sent to the Health Services Department and a copy is kept in the school nurse's office. These reports have been valuable documentation when litigation occurs. A total of 1,112 student accident reports were completed during the 1989-90 school year.

Employees: Work related employee accidents are reported by employees and school nurses to the Health Services Department in accordance with Workers Compensation laws. The school nurse's responsibility includes record keeping and annual (OSHA) reporting for all work related employee accidents and illnesses.

Health Appraisals (See Appendix D)
Updating students' health status necessitates periodic screenings and assessments. It is estimated between 12 percent and 20 percent of all children suffer from a hearing impairment and 30 percent of all children have some degree of visual impairment. Hearing screenings are provided by AEA audiologists for students K-6 and as needed for other students. The school nurse monitors the results and provides for referral and follow-up. There were 1,896 hearing screenings that required 863 referrals and follow-ups during the 1989-90 school year. Vision screenings are provided for students K-6 and 9th grade by school nurses. There were 20,395 vision screenings that required 1,310 referrals and follow-ups during the 1989-90 school year. Height and weight screenings are provided by school nurses for students in grades K-8. There were 21,294 students screened with 245 referrals in the 1989-90 school year. Physical examinations are recommended by the district in grades K, 3, 6, and 9 and for all students new to the district. Physical examinations are mandatory for athletic practice and participation. Parents and students are encouraged to access their usual source of health care. One out of six Americans does not have health care insurance (American School Health Journal, 1990). Our student population by school ranges from 10 percent to 33 percent at income level poverty or below based upon free and reduced lunch statistics. The school nurse motivates and assists the student and family to access available free or reduced medical care in the community. Three school nurses currently employed by the district also maintain credentialing for the requirements of a school nurse practitioner. A school nurse practitioner is available to perform physical examinations for students with parental permission. There were 1,079 physical examinations for students provided during the 1989-90 school year by school nurse practitioners

Immunizations.
In 1977, the State of Iowa implemented a law requiring immunization of persons attending licensed child care centers, elementary or secondary schools. The school nurse's role consists of reviewing the immunization history of each student, follows the Code of Iowa 641-7.1(139) when granting permanent or provisional certification, medical or religious exemption, and when excluding students who do not submit proper evidence of immunization. The Iowa Department of Health audits immunization records of all students in October of each school year. Every attempt is made by the

school nurse to assist parents for compliance with this law. The cultural diversity of the district population has been served by translating parent directions for compliance with immunization laws in five languages A total of 7,399 parent contacts related to immunizations were made during the 1989-90 school year. Parent contacts consist of home visits, letters, and phone calls.

Dental

Proof of dental examination is requested of all kindergarten students on a standardized form. Dental hygienists which provided screening and dental health education were employed by the Des Moines Public Schools until 1986, at which time budgetary constraints dictated the demise of this program. Since 1988, the Des Moines Health Center receives a grant from the federal government (U. S. Dental Health Services) which provides for their dental hygienists to perform dental screening and dental health education for poverty level students K-5 in our district. School nurses provide for referral and follow-up as indicated. There were 8,480 students screened, with 3,119 referred for care during the 1989-90 school year.

Student Health Records

A current permanent STUDENT HEALTH RECORD for each student is maintained and kept on file in the school nurse's office. This record includes growth and development history, physical assessments, immunization status, screening results and perceptions of health status.

A Health History form is completed by a parent/guardian upon kindergarten entry. This form is reviewed by the school nurse and information is recorded on the student health record.

Health histories for special education placement and review are required by federal law. A health history is obtained by interviewing a parent/guardian with information obtained from attending physicians, if needed. School nurses provided 2,679 initial and updated health histories for special education students during the 1989-90 school year.

Health Care and Counseling - Intervention

School nurses provided 149,354 individual student contacts for health care and 49,842 for counseling during the 1989-90 school year, from which 77,084 parent contacts were made.

Students appear to view the nurse's office as a "safe-place" for disclosure. They appear to feel comfortable to request permission from their teacher to see the nurse because of "illness," and when they are in the confines of the nurse's office disclose child abuse, rape, family dysfunction, suicidal ideas, substance abuse, sexually transmitted disease, pregnancy, and the need for family planning information. Students are provided with referral to appropriate community agencies and related services within the district. Parental involvement and enhancing communication between the parent and student is an ongoing effort. Some parents view the nurse's office as a screening area prior to obtaining health care.

School nurses provide for exclusion from an individual class or the remainder of the school day due to doctor's or dentist's appointments, physical education excuses, and first aid or illness.

Crisis Response

The Health Services Department and Guidance Department, in cooperation with the Communications Department, developed a Crisis Response Manual in 1988 for all district employees. Inservice for staff was provided by two school nurses, two counselors, and two social workers. The district Crisis Response Manual is a guide for building administrators to refer to when a crisis such as the untimely death of a staff member or student occurs. The guide includes a "checklist" for duties such as appropriate notification of the Board of Education members. It also includes suggestions for letters to students, parents, and appropriate media participation. Reports have shown with the manual in place in each building and staff inservice completed, crisis problems have presented a minimal amount of difficulty for building administrators, students, and staff.

An information pamphlet about suicide prevention and intervention was developed in 1989 by the Health Services Department and community agencies for distribution to all district students, staff, and parents. The cost of printing and distributing the pamphlet was paid by a grant from Iowa Methodist Medical Center.

Health Education - Instruction

The school nurse is involved in health education at all levels--formal to informal, broad scoped to detailed, technical to common language, classroom to individual, for all staff and students.

When 9th grade was part of junior high school, school nurses were responsible for teaching the mandatory health class. When 9th grade became part of high school, a pilot project in human sexuality was started by a school nurse at one of the middle schools. It later became the basis of the current 7th grade Human Sexuality curriculum. The school nurse teaches and serves as a resource at varying levels for this curriculum.

The Des Moines school district has always addressed the issue of health. The school nurse has consistently been involved, either informally, in one-on-one teaching that occurs constantly in the nurse's office with almost every student that is seen, or formally in assisting the teacher in the classroom. In 1971, Berkeley Health was introduced K-7 and the school nurse was educated as an active member of the team. Currently, this curriculum is called "Growing Healthy." The school nurse assists in the classroom through elaboration of the anatomy and physiology of various systems at the student's level of understanding. Specifically, the school nurse handles the dissections of the eye, lung, and heart in elementary science at different grade levels.

In 1986 the Dental Hygienist program was deleted. The school nurse assumed responsibility for the dental health program for 3rd grade. The nurse instructs the children about appropriate brushing technique and general dental health care.

Since menstruation education has been allowed, the school nurse assumed responsibility as the educator. In 1980, the human growth concept for 4th, 5th, and 6th grades has expanded and now includes male education as well as female. All this is coordinated by the school nurse.

When the HIV/AIDS crisis surfaced and it became apparent that education was the best tool for prevention, it became the responsibility of the school nurse to implement education for students in grades 5, 7, 9, and staff. This education includes transmission, prevention, and responsible decision making.

The Applied Science class taught at the high school level implemented during 1989-90 is designed to have the school nurse serve as a medical resource person. The school nurse worked actively with the teacher who piloted the project, influenced the expansion of the course and encouraged the use of community resources as guest presenters.

School nurses provide ongoing education of staff, either on a personal basis or as a whole, such as might be done during the Great American Smoke-Out in November each year. On a formal basis, nurses teach CPR and certify staff, creating a safer environment for our school community. As a direct result, our district has an increase in certified employees in CPR. Regularly, the nurse provides mandated education for our staff on such subjects as child abuse and neglect and medication administration.

The school nurses are an integral part of a curriculum being developed for high school students. There is representation and active participation by nurses in the district Human Growth and Development Advisory Committee.

School nurses have served on state, city and district task forces to provide their expertise and perspective in developing health education curriculum and procedures. The 1988 Human Growth and Development legislation which was reviewed by the district through the Educational Forum was an example of school nurse participation.

The school nurse is the medical resource in the building. The health education the school nurse provides is meant to assist students in taking better care of themselves and, therefore, perform at higher levels in the classroom. Constantly, health and wellness are promoted. Healthy kids learn better! Healthy staff work better!

<u>Medications - Administering</u>
Increasingly, school personnel are asked to administer medication in the school setting. Iowa Code requires that all non-licensed school personnel receive training by a registered nurse for administering medication in schools. Estimates nationally have shown two percent of students in regular classes and eight percent of students in special education receive daily medications. The school nurse is responsible for implementation of district guidelines for medication administration. School secretaries or building associates are requested by building administrators to participate in medication administration in-service provided by school nurses. This in-service allows for para-professionals to administer medication to students during the absence of the school nurse. There were 12,671 occasional in addition to 369 daily medications administered during the 1989-90 school year.

Physical Education Programs

School nurses provide for exclusion, readmission and monitoring of all medically related physical education participation. Adaptive physical education programs for disabled students are implemented with nursing assessment and planning involvement. CPR classes are provided for all graduating seniors as a part of the physical education through the Health Services Department. The Supervisor of Health Services plans for CPR recertification for all instructors, printed materials, and direct teaching of students if needed.

Pregnant-Parenting Students

The school nurse serves pregnant, parenting and nursery students in addition to several special programs at the two alternative high schools.

Before 1975, nursery services were provided through the Salvation Army. A licensed day care facility located at North Alternative High School was then established under Licensing Standards and Procedures of Iowa, Department of Human Services. A second licensed nursery was reopened at South Alternative High School in 1988. Both nurseries provide services to other programs housed at those sites and both are at capacity with growing waiting lists (October 1990). In the future, projections indicate additional toddler child care will be needed at the Alternative School sites.

Nursery Enrollments (October 1, 1990)

	South Alternative High School Nursery		North Alternative Nursery		
	Serves High School	Serves **Even Start	Serves High School	Serves ***PGP	Totals For Both High Schools
Infants	16	8	12 (Room size and staff determines number of children enrolled)	7	43
Toddlers	(Combination Program)	(Has own Early Child-Hood and Head Start)	14	8	22
Nursery *Waiting List	15	11	17	(Program Full Each Session)	*43
Toddler *Waiting List	0	0	0		
Staff	4 FTE	10	5.5		19.5

* Waiting list - many parenting students are unable to attend school for lack of child care. These totals do not include 48 (October 1990) currently enrolled pregnant students (alternative high schools only) who will need nursery services after delivery this year.

** Even Start is grant funded, enrolling dropout mothers to achieve high school/GED diplomas; provides nursery, early childhood and Head Start for children to age 6.

*** "PGP" (Parent Growth Program) funded by the Des Moines Schools Community and Adult Education, teach parenting skills; referrals from Social Services.

The nurse provides observation, information, referral, consultation and support to nursery directors, staff, and the children enrolled. She consults, collaborates and teaches one-to-one and in groups with staff and parenting students. The nurse's motivation technique and medical background assists decision making, enabling students to attend school with some regularity, alleviating unnecessary absence, and contributes to the teaching and learning process.

The school nurse supports parenting students. As a member of the building support services team, the nurse offers them information, counseling and practical advice regarding personal health and emotional maintenance as well as child care information. Additionally, the nurse serves as a resource for and teaches various class sessions for the young moms weekly support group. Topics taught are relevant to child care, e.g., child safety, first aid, common childhood illnesses, what to tell the doctor, giving medicine, immunizations, and more. The nurse, as a medical professional, supplies a needed perspective of health/illness enabling young parents to make knowledgeable health and safety decisions for themselves and their children, resulting in less interruption of the educational process for students.

Failing to address the health and parenting issues of the district's at risk students, educators will deal with the results five years hence, when these children enter school.

The Des Moines schools pregnancy policy offers pregnant students the choice of continuing to attend their home school or transfer to an alternative high school. If there is a medical problem, a teacher of the Homebound Instruction is arranged.

Nurses respond to the pregnant student by offering emotional support, referral, information, and one-to-one consultation, based on need. As the number of pregnant students rise, according to the Iowa Department of Health, it becomes a challenge, with existing time and resources, to serve this population adequately.

The nurse who provides services at both alternative high schools collaborates with the Home Economics teacher and, as a resource, conducts classes on a regular basis for pregnant students enrolled in the prenatal course. The nurse teaches select topics related to pregnancy, labor and delivery. This nurse-student relationship facilitates improved communication through pre-natal, post-natal and parenting periods, increased student self-esteem, independence, and parenting skills, as well as the desire to continue and complete high school.

Nursing service to pregnant and parenting students was improved this year (1990-91) by increasing nursing time at the two alternative high schools, from one day weekly to two days per week at each school.

School Attendance

The Health Services Department assists administrators with student school attendance by approving bus transportation for students with disabling conditions who are unable to walk to and from school. The medical director and supervisor, in collaboration with school nurses, administrators and teachers, provide assistance for an alternative school program when students are unable to attend regular school due to a disabling condition.

In some elementary schools school nurses monitor attendance and are responsible for sending the district letters for chronic absenteeism to parents/guardians. Every effort is made by school nurses and social workers to increase the attendance of students by home visits and telephone contacts, which on occasion provide information to resolve the problem.

The school nurse is informed of abnormal attendance patterns of students. Parent contact is made and alternate methods of school attendance or homebound instruction are planned. The school nurse refers the student to the building Pupil Services Team when frequent or extended absences occur without just cause.

Special Education Programs

Special education nursing services began in the Des Moines School District in 1931 when Smouse Opportunity School began serving students who were physically handicapped. Smouse was one of the first schools in the nation built for this purpose. In 1959, a program for students who were moderately mentally retarded was initiated. When PL 94-142 (Education for All Handicapped Act) was enacted in 1975, programs were expanded to include the severely/profoundly multiply handicapped. In 1974, the Department of Education Rules for Special Education defined and provided for special education nurses to meet the health needs of those students.

Higher survival rates for low birth weight babies, children with severe congenital defects, with chronic illnesses and survivors of severe cerebral/spinal trauma have increased the number of students with long-term special health care needs, including tehcnology dependence. Currently, full time special education nurses at Smouse and Ruby Van Meter schools provide health services for those special populations. Special education students with a diversity of health care needs are found in all schools in the district, so all school nurses are essentially "special education nurses."

Nurses assess, evaluate, plan and implement individual health care plans for students with special health care needs. Skilled nursing care provided may include gastrostomy and nasogastric tube feedings, medicine administration through the tubes, replacement of tubes accidentally displaced, administration of rectal anticonvulsant medication for students experiencing unremitting seizures, administration of routine or emergency aerosol medication for chronic respiratory conditions, performance of postural drainage and percussion, catheterization and bladder installation, etc. At the present time, no student requires tracheostomy care or is ventilator dependent, but these situations may be anticipated.

Health services provided to special education pupils are mandated and regulated by federal and state regulations, the Iowa Code and Rules of Special Education. The Iowa Nurse Practice Act defines the nurses' scope of practice. In 1988, the Iowa Board of Nursing provided a position statement defining specific nursing services which may be delegated to nonlicensed personnel in schools. (Appendix E)

A comprehensive health history is mandated by the Iowa Department of Education Rules of Special Education whenever a student is considered for special education services or enrolled in a special education program. The health history must be updated for subsequent placement staffings and for three year evaluations. Health history information includes current vision, hearing and growth screening, plus health information as provided by parent interviews and review of records. This information is utilized to assure appropriate school placement and support services. Nurses participate in the staffings and prepare the health component in the student Individualized Education Plan. They assist in planning modifications of the student's environment, schedule and transportation to meet particular needs.

Early Childhood Special Education

The Early Childhood/Special Education program consists of a birth to age 3 component where children are served in home settings and an age 3 to age 6 component where children are served in school-based settings. Nursing responsibilities include conducting health histories and assessments, modifying the school environment to meet individual children's needs, providing and supervising direct health care procedures, serving as liaison to outside medical and community resources, consulting with parents and staff, and serving as a member of the multidisciplinary team.

Public Law 99-457 mandates the provision of health care to handicapped children from birth to age 3. Goals and objectives in the area of health will be a required component of the individual family service plan. In-service on the required components and the philosophy of the new public law has been conducted and discussions continue regarding the implementation of PL 99-457.

The Early Childhood/Special Education program was established in May 1977 to implement Public Law 99-457, which mandated free and appropriate public education be provided to all handicapped children from birth. Although health was not a required component of this law, a special education nurse position was established as part of a multidisciplinary team in recognition that health was an integral part of providing comprehensive services to very young handicapped children.

During the 1989-90 school year, 300 Early Childhood Special Education children were served by one nurse. In the fall of 1990, nursing service to children age 3 to 6 was returned to the local building nurses. This decision was consistent with the special education philosophy of mainstreaming, if possible, to serve handicapped children within their neighborhood school. Nursing service to children from birth to age 3 was maintained within the Early Childhood/Special Education multidisciplinary team.

With the expansion of medical technology that has occurred in the past decade, many children are surviving life threatening conditions. However, these children are now dependent on the technology for continued survival. These technologies require the expertise of a registered nurse so that the child may be successful in a home or school learning situation. As these children enter public schools, staff in-service needs and nurse staffing patterns will need to be addressed.

Inservice for School Employees

Nurses provide inservice and supervision for school staff who may perform procedures permitted to be delegated to non-licensed personnel.

The unique support service school nurses provide for special education students contributes to the teaching and learning process by enabling students who are

handicapped to reach, enter and exist in the school setting, according to their individual needs.

State and federal regulations require that students be placed in an appropriate and least restrictive environment in the school setting. Currently, all mentally and multihandicapped pupils in special school settings are being reevaluated for placement in regular schools, as opposed to segregated settings. When students are returned to regular school settings, receiving schools need to be inserviced to meet this challenge.

Substance Abuse Programs

The school nurse provides the medical expertise in buildings for drug intervention. The nurse is an integral part of the "drug cadre" (a designated substance abuse committee in each school), which provides for education, prevention and intervention techniques. Ongoing awareness is provided for all staff and students through in-service education by school nurses. Students and their families are referred to community agencies, including the Student Assistance program, which will provide for an evaluation based upon a school nurse's intervention.

EMPLOYEE HEALTH PROGRAMS

Health Education and Counseling
The school nurse serves as a medical resource for building staff. Ongoing supervision, teaching and guidance is provided for employees in the area of physical health, mental health, dental health, nutrition, weight reduction, exercise, current health issues, emergency care and environmental safety.

Physical Examinations
The Health Services Department maintains the health records for all employees and monitors compliance of physical examinations and physician release to work documents. The school nurse provides assistance to employees for compliance with pre-employment and three year physical examinations as required by board policy and Iowa Code. Bus drivers are required to submit an annual physical examination. The Health Services Department provides all part time bus driver physical examinations each year, which is an average district savings of $4,000 per year. The school nurse assists the employee with referral to community agencies and interprets health findings and screenings. Direct nursing services for employees include blood pressure screenings (allowing the employee to not be absent from work), vision screening, hearing screenings, and weight reduction. The school nurse provides assistance with staff CPR and first aid training. Provisions are made for emergency care and acute and chronic care follow-up through individual counseling, and referral to the supervisor and medical director of Health Services. Building administrators receive assistance from the supervisor of Health Services and medical director with complex employee absenteeism problems due to alleged medical conditions.

Wellness Program
The Health Services supervisor assists the Wellness Program director for employee programs. School nurses promote wellness at the local building level through a wide range of activities such as recruitment for annual employee blood screenings, provision of weight reduction incentive programs and exercise consultation. Currently, research indicates preventive maintenance and reduction of the severity and frequency of health problems is the only recognized long-term solution to the managing of health care costs for employers. (Health Care Economics, Feldstein, 1989).

Workers' Compensation Program
The Health Services Department is responsible for reporting to the Iowa Industrial Commissioners office in compliance with the Occupational Safety and Health Act all employee work related illness and injuries. When an employee sustains a work related illness or injury, a report form is completed by the employee and school nurse and then submitted to the Health Services Department. The Health Services Supervisor reviews the report and a determination is made in accordance with Iowa Code as to the disposition of the report. A First Report of Injury is completed and forwarded to the appropriate receiving center. In 1987, the Des Moines Public Schools chose to become self-insured and designated the Health Services supervisor and medical director to monitor all employee medical expenses due to work-related illnesses or injury, with the exception of those which involve more than three days of

Health Services when a time-loss claim is involved and proceeds to monitor the claim. Since 1987, the district Workers' Compensation program has been monitored by Health Services, which has resulted in an average $350,000 per year cost reduction, despite claims continuing to average 500 per year. The average cost prior to becoming self-insured was approximately $900,000 per year and now is maintained at $550,000 per year. This is a significant gain considering the rising cost of health care. Iowa Code allows the employer to direct medical care for employees when an employee work-related illness or injury occurs. An effort to monitor the medical expenses and the time loss was implemented with the cooperation of school nurses and supervisors. Employees were directed to access health care through clinics and family physicians rather than hospital emergency rooms, except in cases which were life threatening. Physicians who submitted unusually high charges based on the "usual and customary rates" were approached by the medical director and requested to reduce their charges to the district. If a physician refused to cooperate, the Health Services Department would not allow the employee to use that physician for a work-related illness or injury. Physicians have been very cooperative and now usually request prior approval for workers' compensation treatment from the Health Services Department.

Informal research has indicated district employee work-related injury and illness is average when compared with other agencies. The Des Moines Public Schools averages 500 reports per year, with 15 percent resulting in time loss. The majority of reports are submitted from Facility Management, which includes craftspersons, custodians, bus drivers, bus associates; and Food and Nutrition Management, which includes food service workers.

Procedures for a work-related injury or illness are as follows:

1. The employee reports the illness/injury to the supervisor and building nurse if available. If a nurse is not available, the Supervisor of Health Services is consulted.
2. The employee is instructed to complete an "Employee Injury Form", which is submitted to the Health Services Department, and obtain treatment.
3. The employee must submit a physician's release to work to the supervisor, who submits it to the Health Services Department before the employee returns to work.

CONTEXT SUMMARY

The Health Services program is an integral part of the total school program in the Des Moines Public Schools. The Health Services program provides for direct health services, including appraisals and preventive and remedial aspects for students and staff. Health education and health promotion is provided through planned, correlated, incidental instruction and integration learning. Healthy living is provided through review of the physical environment which contributes to student success in the teaching and learning process.

The Health Services program ensures direct services and collaboration with community agencies for students, staff and parents to decrease barriers to learning.

The Iowa Initiative for World Class Schools, a status report of the Iowa Business and Education Roundtable Task Force on World Class Schools, July, 1990, states:

"Schools in the new system must be responsible for ensuring collaboration with health and human services agencies to reduce barriers to student learning. Children of all ages must be physically, mentally and emotionally healthy if they are to learn. Hunger, stress or illness will keep students from school success. Schools must be responsible for eliminating those barriers to success instead of using them as excuses when students fail."

The Des Moines Public Schools has been committed to this philosophy for 78 years by providing school nurses who collaborate with community agencies through assessment, planning and implementation for students, staff, and parents.

INPUT EVALUATION

Budget and Sources of Revenue

Money to support the Health Services program is derived from the general district budget. Special Education funds, Head Start program funds, and At-Risk Grants, 1990-1993, provide for six and one-half school nurse salaries and travel funds. Expenditures of the health services general district funds are health-related and provided for all buildings in the district. Building budgets do not allocate funds for health services.

General District Budget 1990-91

Staff	
Medical Director (2 hours per week annual)	$14,416
Supervisor	38,588
Secretary	15,145
30.5 School Nurses	881,274
Health Associate	9,994
Travel	
In-district	2,025
Out-of-district	3,800
Supplies	9,623
Printing	1,150
Equipment (New)	4,985
Replacement	750
Repair	410
TOTAL	$981,380
Additional Revenue	
Special Education Funds	88,933
Grant Monies	68,868
Total Additional Revenue	157,801
TOTAL BUDGET	$1,139,181

Travel

In-district travel monies are reimbursement for nurses to travel between building assignments, district meetings, home visits, transportation for students to home when ill, and to varied community agencies. Out-of-district travel monies afford each nurse $100.00 to pursue a professionally relevant continuing education seminar of choice. The supervisor is allocated $700.00 to attend the annual National School Nurse Association Conference held during the summer.

Supplies
The health supplies are requisitioned by each building nurse to the health services supervisor and obtained from Central Stores. Examples of the supplies are thermometers, Band-Aids, telfa pads, cling gauze, surgical tape, eye patches, tongue blades, surgical soap, ace bandages, cold packs, cot covers, blankets, pillows, pillowcases, alcohol, cotton balls, emergency eye kits, and medical forms for students, staff, and parents.

Printing
Printing funds are used for health-related written materials and forms distributed to all buildings. All CPR materials are printed for physical education classes and staff development.

Equipment
Equipment purchased during the 1989-90 school year consisted of six refrigerators, for various nurse's offices, one vision screener and resource books, Physicians Desk Reference. This book is a current update on all medications which enables the nurse to appropriately educate the staff about expectations and side effects of medication prescribed for students which may occur during the school day.

Equipment replaced and repaired during the 1989-90 school year were two scales, four otoscopes, one syphgmonemeter, and one stethoscope, repair of mannequins for district CPR, and repair of cots.

Equipment in Use
Good-Lite vision screeners are used nearly exclusively throughout the district. Six buildings use the Titmus vision screener, which are 15-20 years old and are difficult to repair due to the availability of parts needed for this older equipment.

Each building has a syphymomonometer (blood pressure equipment used for assessment in nursing diagnosis), stethoscope, otoscope (evaluating the ear), scales for height and weight, a locked medicine cabinet, cots, and refrigerators. The Health Services Department purchases and maintains mannequins for staff and student CPR training.

Human Resources
School nurses are committed to keeping students in school. The staff of the Health Services Department consists of one part-time medical director (2 hours per week), one Full Time Equivalent supervisor, one FTE secretary, one FTE associate, and 37 FTE nurses. Three nurses are funded by state special education monies, one nurse by federal Head Start monies, one nurse by Wellness program monies, and one and a half nurses by state grants. The nurse/student ratio ranges from 1:87 to 1:1968 with the average of one nurse to 972 students. National standards recommend 1:750 for a regular school population and 1:225 to 1:50 to handicapped students.

Qualifications for school nurse practice include a valid state registered nurse license and a minimum of three years experience in hospital nursing with additional experience in community health. A baccalaureate degree from an accredited institution of higher learning is desired.

In-service/Staff Development

School nurse inservice is provided free of cost from community agencies

Community Resources

Donation of health-related information, inservice posters and pamphlets from community agencies include the following:

American Red Cross
American Lung Association
Iowa Department of Health
National Council on Alcoholism
Mercy Hospital
Grand View College of Nursing
Young Women's Resource Center
Hospice of Iowa
Planned Parenthood
Family Ecology Center
Iowa Methodist Medical Center
Iowa Lutheran Hospital
Iowa Society of Prevent Blindness

PROCESS EVALUATION

GOALS AND OBJECTIVES

1990-91 district goals related to health services are:

Improve the quality of educational programs:

1. Improve student achievement
   1.1 Study and recommend changes in early childhood education.
2. Improve student attitudes and behavior.
   2.2 Improve students' health practices.

Plan and allocate resources to district programs and evaluate outcomes:

6. Improve and coordinate services to "at-risk" students.
   - Improve identification
   - Improve management and delivery systems
   - collaborate with community agencies
   - obtain funding from state and community services

Communicate by involving the community in building and district programs:

9. Improve community and parental involvement in education.
   9.4 Expand and/or refine the methods of communicating with stake holders.
   11. Strengthen legislative and intergovernmental activities.
   12. Increase public awareness of the district's programs.

Objectives to direct prekindergarten-12 health services program:

1. Students will attend schools with regularity despite chronic health conditions and disabilities.
   1.1 One school nurse has been assigned to the alternative high schools to monitor and provide appropriate pregnancy and parenting education for students.
   1.2 Designated nursing staff will review research and provide assistance for school nurses who have pregnant and parenting teens in the home high schools.
   1.3 School nurses will continue to monitor student absenteeism due to health related concerns.
2. Students will receive and possess knowledge and skills for appropriate decision-making in life.
   2.1 Increasing emphasis on health promotion will be provided through the expansion of a comprehensive Human Growth and Development curriculum to include high school students.
3. Building administrators and staff will receive ongoing assistance for serving students with complex health care needs.
   3.1 An individualized emergency health care plan for each student, requiring special procedures, will be developed for implementation as needed.
   3.2 Individualized health care plans will be developed for students with complex health care needs to include an emphasis for student independence.

4. Students will have an increased level of knowledge for healthy lifestyles which promote success in the learning environment.
   - 4.1 Activities involving health promotions will be provided through individual and classroom resource teaching.
   - 4.2 Linkage to community agencies will be provided through guidance and individualized assistance.

Medical Director

A medical director is employed onsite for two hours each week, 48 weeks per year, and is available daily for phone consultation as needed for administrators, the Supervisor of Health Services and school nurses. Responsibilities include providing leadership for implementation of current health issues through the Supervisor of Health Services; review of medical payments for district workers' compensation; review of medical information for student and employee health programs; and the school nurse practitioner program. Assistance to athletic programs is provided by recruiting volunteer team physicians. These physicians provide consultation and direction for coaches during an athletic event in the event of an apparent injury.

1990-91 Supervisor Objectives

Weight		
60%	1.	Provide supervision and guidance for health services for students, staff and families by: A. Implementing and responding to current health needs in the district and community. B. Serving as co-facilitator for the District Human Growth and Development Advisory committee as it relates to state-mandated health education curriculum for students.
20%	2.	Review the district Workers' Compensation program by: A. Assisting with the evaluation of the current program. B. Implementing administrator/staff training.
5%	3.	Provide school nurse services for Central Campus students.
15%	4.	Implement an updated child abuse identification and reporting training program for all certified district staff as required by Iowa Code. A. Collaborate with the Iowa Department of Human Services and the Iowa Department of Education to develop an effective training program for educators. B. Train school nurses as trainers for building staff.

Boards and Committees

The Supervisor of Health Services serves on the boards and committees of the following community agencies and district committees:

District

- Students At Risk Committee
- District Drug Free Schools and Community Advisory Committee
- Health Education Committee
- Human Growth and Development Advisory Committee
- Early Childhood Committee
- Drug-Affected Children Task Force
- Health Benefit Committee
- Home Economics Health Advisory Committee

Community and State

- Greater Des Moines Child Abuse and Neglect Council - Education Training Committee
- Iowa Department of Human Services - Mandatory Reporter Child Abuse Training Committee
- Iowa School Nurse Organization - Legislative Health Chairperson
- Central Iowa AIDS Project - Committee
- Justice and Compassion Committee - Homosexuality
- Mayor's Task Force on HIV/AIDS
- Grand View College of Nursing - Advisory Board
- House of Mercy - Advisory Board
- Blue Cross "Caring Program" - Advisory Board
- Heartland Area Interagency Collaboration Committee
- Combined Health Appeal - Advisory Board
- American Cancer Society - Advisory Board
- Polk County Medical Society - School Health Committee
- Iowa School Health Task Force
- Governor's Adolescent Health Task Force
- American Red Cross - AIDS Education Committee
- Children At Risk Planning Council
- Sigma Theta Tau - Health Research Committee

The purpose for serving on community and state committees is to increase collaboration and enhance current district programming for implementation or update.

Management Systems

A weekly communicable disease report is submitted to Health Services by school nurses. Each school nurse maintains a daily log of all activities which is compiled in an annual district health services report. An in-depth evaluation by the supervisor of Health Services of building health services and safety is conducted every three years on a rotating schedule. Student and employee accident reports are submitted to Health Services for processing within 48 hours of occurrence. Collaboration with the Iowa Department of Health is implemented for disease control.

In-service/Staff Development

School nurses receive a three-hour in-service during staff conference time allocated at the beginning of the school year and a monthly one-and-a-half-hour meeting.

School nurses are provided in-service through collaboration with community agencies. During the 1989-90 school year, guest speakers provided information about:

Drug-affected Children
Diabetes - New Technology
Hemophilia
HIV/AIDS
Sickle Cell Anemia
Reyes Syndrome
At-Risk Youth
Hearing Impaired Children
Universal Precautions
Neurology - Assessments
Measles Vaccines

The Health Services supervisor provides information for presenters about current health-related issues for all employees to the planning committee for the Professional Educators Conference held in March each school year.

Topics presented in March 1989 were:

Diabetes Update
HIV/AIDS
Cocaine Babies
Mental Health Stigma
Orthopedic Impairments
Homosexuality
Narcotics and Current Use in Des Moines

PRODUCT EVALUATION

All school nurses in accordance with professional nurse practice document in a "daily log" individual student, parent, staff, and community contacts. An annual report is submitted to the Supervisor of Health Services.

1989-90 ANNUAL REPORT

Student Contacts for Health Services 149,354
- First Aid, illness, accidetns
- Cot Rest
- Exclusion (Physical Education or Appointments)

Student Contacts for Counseling 49,842
- Substance abuse
- Family Dysfunction
- Suicide
- Child abuse
- Sexual Exploitation
- Pregnancy Prevention
- School phobia

Parent Contacts (telephone, letter, home visits, conferences) 77,766
- Ad infinitum
- Communicable disease
- Screening results
- Emergency for illness/accidents

Employee Contacts 6,938
- Physical Examinations
- Health Consultations
- Accident/illness

Student Medical Reports Obtained 5,580

Screenings and Referrals to Community Resources

	# Screened	# Referrals
Scoliosis	4,950	68
Hearing	18,961	863
Communicable Disease	34,820	1,718
Vision	20,395	1,310
Height/Weight	21,295	245
Dental	8,408	3,119

Student and Employee Accident Reports 1,498

Immunization Compliance and Referrals 7,399

Communicable Disease Reports 10,037

Number of Occasional Medications Distributed 12,671

Daily Medications Distributed Annually	369

School Nurse Involvement Annual

• Classroom observations	849
• Classroom health education	1,411
• Conferences with school personnel, physicians, and community agencies	10,204
• Participation in Special Education Staffings	1,619
• Building environmental safety referrals	312

A Crisis Response Manual was developed in 1988 in collaboration with the Government Relations Department and Guidance and Counseling Department. Building administrators were inserviced for the use of this manual which is placed in each building as a resource in case of a crisis.

A pamphlet, "*Suicide and Other Destructive Behavior - How to Get Help*" was developed and distributed during the 1988-1989 school year by the Health Services Department. This pamphlet and a letter of explanation was distributed to all staff and mailed to all district students' parents in Fall, 1989. Community agencies and staff continue to use this pamphlet as needed.

North Central Association (NCA) Evaluation Results

During October 1990 , an NCA evaluation of Hoover High School included the evaluation of health services. The report indicated:

1. A medical emergency plan and crisis plan was on file.
2. Procedures were in place for treatment of students with special needs.
3. Special needs students received excellent services.
4. An accessible restroom for handicapped students has been placed in the nurse's office.
5. A health associate to assist the nurse with the needs of handicapped students is in place.
6. Storage space is provided in the nurse's office for handicapped students' equipment.

There were no recommendations.

Immunization Compliance - Iowa Code (641)

A valid Iowa Department of Health certificate of immunization for a student must be submitted to the admitting official of a school prior to attending. To be valid the certificate must be signed by a doctor, physician assistant, a registered nurse, or an official of the local health department. School nurses monitor the immunization status of students and provide access for an annual Iowa Department of Health audit. The Des Moines Public Schools has maintained compliance since the implementation of the 1977-78 law according to audit reports.

FUTURE PLANNING

Staff Development

Legal issues relating to health care in the school setting, cultural and ethnic diversity which impacts health care management, complex health conditions, teen pregnancy and parenting and drug-affected students require the allocation of monies for education for all staff, including nurses.

Continued staff development for management of students with chronic health conditions and disabilities is necessary. With the ongoing advancements in medical technology and prolonged life, a current update for nurses is needed. An emphasis on health promotion to avoid the high-risk behaviors of sexual promiscuity, substance abuse, and poor nutrition and exercise must be a priority. Legal issues concerning the care of students in schools are currently being reviewed by the Iowa Department of Education and the Iowa Board of Nursing. Information will be provided for school nurses when this is completed. Information will be presented on cultural and ethnic differences of students and the impact of these differences on health care. Collaboration with community and state resources will allow inservice at no cost.

Existing Staff - Allocation of Additional Work Time

A five day increase for school nurse contract time before school starts would allow for planning and preparation for students. Currently the nurse has no planning time scheduled. With the increased time allotment, the nurse could devote more hours to one-on-one, small group and classroom health education and assistance to parents for immunization compliance.

Cost (Based upon 1990-91 salaries including benefits)

1 Nurse's Salary (average) =	$180/day
30.5 Nurses' Salaries =	$5,490/day
5 days x $5,490=	
total cost for 5 extra days of work for each nurse per year=	$27,450

Increase Staff

School nurses maintain the professional expertise of direct health services and counseling. An increase of school nurse staff providing one nurse an individual assignment for each building in the district should be considered.

Cost

Nurse's Salary =	$23,867
Benefits=	$6,325
Total =	$30,192
26 Nurses=	$784,992

Needs for improvement for pregnant and parenting students are to increase nurse staff for all traditional high schools (to adequately serve pregnant/parenting students, enabling them to continue attending their home school and prevent dropout because of non-attendance) and increase nurse staff for each alternative high school. The nurse plans for and provides pre-natal education and counseling for each pregnant student in the district, which will include parenting and support service education. An increase in nursery and child care facilities for the district's parenting students, and included in traditional high schools would assist students. A mandatory high school course which includes life skills, health and parenting for all students should be planned. A school based health center to address health needs of all students, could be considered. A needs assessment/survey/study to define the depth of the pregnant/parenting situation in the Des Moines schools could provide for strategy development to reduce student dropout and define areas where prevention education would be most effective.

Most school nurses are assigned to two or three buildings. As the students with special health care needs are moved to their neighborhood schools, the nurse-student ratios will need to be lower in schools serving special needs students. In some cases, full-time building nurses will be necessary to provide skilled nursing care. All school nurses will need in-service about new specialized health care procedures, care of technology-dependent students and needs unique to various handicapping conditions.

Nurses' offices will need appropriate space and physical facilities to provide skilled nursing procedures in a private, sanitary and safe environment.

A "floating" health clerk assigned to work directly with each individual building nurse for three days per year would assist with the clerical work required by school nurses. The cost would be approximately $12,000. Inactive or retired nurses have been used in the past, but with the ever-decreasing force of nurses, this is no longer available. It is not permissible to use parent volunteers due to the confidentiality of school health records.

Emergency Care

The District Health Services Policies and Procedures Manual was revised in the 1989-90 school year. A revised first aid procedures booklet for emergency care for school personnel will be provided in the 1991-92 school year.

Long Range Goal - Computerized Health Records

The Des Moines Public Schools should develop a plan in cooperation with the Supervisor of Health Services to computerize all students' health records. Ongoing budgetary constraints, the need for computer hardware and software in each school nurse's office, and the need for clerical assistance appears to be a financial burden which would not be a priority as it does not make a great impact on the teaching and learning process.

Equipment Needs for School Nurse's Office in Buildings

Refrigerators	$8,800
Electronic Thermometer - 65 @ $150 each	$9,750
Vision Screeners - 40 @ $780 each	$31,200
Student Recovery Cots - 125 @ $285 each	$35,625
Health Education Materials - 100 @ $50 each	$5,000
Total	$90,375

School nurses are a significant force in influencing the health of children in the Des Moines Public Schools. Nurses are responsive to the changing needs of the Des Moines Public School population with new concepts and technology. Healthy students learn better.

The vision screening equipment in this district is approximately 35 years old. An effort to update this equipment has been a slow process due to budgetary constraints by allocating the purchase of one piece of equipment per budget year since 1986. Ice is used in the first response for over 60 percent of the student and employee injuries sustained in the district. A refrigerator which provides an adequate ice supply should be available in each nurse's office. Some nurses have to fill ice chests from the cafeteria to maintain a supply for daily needs. There is no refrigerator or an "apartment size" refrigerator , which does not provide a daily ice supply, in 22 buildings. Since 1986, five refrigerators have been purchased each year.

To provide for the efficient use of time and infection control for students and staff, electronic thermometers should be provided for each building. The district has in use glass/mercury thermometers.

First aid treatment for injury or illness may require provisions for a student or employee to lie down in a resting position. The rest cots in the district are collapsible canvas and wood construction. The cots are in need of constant repair due to the convas tearing or the wood breaking. The canvas is not washable; therefore, cot covers and pillows and cases are purchased. An updated vinyl student recovery couch should be provided for each nurse's office in the district. The initial investment would ultimately remove the cost of purchasing and laundering accessory items mentioned above.

Health education materials should be available for each nurse rather than having to "check them out" from the Health Services Department. Male and female anatomical models, health charts (i.e., nutrition, physiology, etc.) and other teaching aids (i.e., videos) could be more accessible.

A long-range goal should be planned to provide for computerized health records, accessible district wide including the individual immunization status of each student. A "float" health clerk position would need to be provided to transfer the records and a computer provided for each nurse's office when this plan is implemented.

Students change schools throughout the school year and through promotion by grade level. The health records are sent through the "bag mail." The health records are frequently lost, misplaced by the receiving school, or it may take up to two weeks for them to arrive at the student's current school of attendance. Health records which would be accessible for all school nurses would assist the nurse to be knowledgeable about students' special health care needs immediately. Professional nurse time would not be used to search for records or develop new records because they were not available. The benefits of computerization of student health records and the availability of clerical support, computer hardware and software should be considered for each nurse's office.

Allocation of Space

Due to the increase in programs for students with special needs, support staff throughout the district such as counselors, speech pathologists, psychologists, physical therapists, occupational therapists, social workers and consultants has increased. Most buildings do not have adequate space to provide a private, confidential working area for this staff. School nurse offices have diminished in size and are shared with other support personnel. Inadequate ventilation and lack of handicap accessible bathrooms for students is a concern.

Staff

A recognition for allocation of adequate funds for professional nursing staff is needed. The June 1989 *Carnegie Report* states, "Every middle grade school should have a school health coordinator," nurse. Increasing legislation requires schools to provide health services and health education for all students in their regular school setting, including those students with severe disabilities and health conditions. Students of this type are no longer clustered in one school with a full time nurse. Ongoing resolutions by the National Education Association and the Iowa State Education Association concerns about teachers and non-licensed personnel performing health-related tasks for students (Appendix F). With the expansion of medical technology and prolonged life, consideration should be given to providing a full time nurse for each building in the district. Allocation for additional discretionary staff time (5 days) beyond the contract year should be provided to assist building principals and allow for adequate record keeping of students in transition and new students to the district.

CHRONIC HEALTH CONDITIONS
NUMBER OF STUDENTS
October, 1990 Review

AIDS	0
Anorexia/Bulimia	20
Arthritis	32
Brain Trauma	46
Cerebral Palsy	124
Cytomegalovirus	2
Diabetes	42
Hearing	619
Heart (Organic)	136
Hepatitis	12
Hyperactivity	244
Hypertension	15
Malignancies	29
Medications (Daily)	377
Muscular Dystrophy	8
Orthopedic Impaired	175
Pregnancy	93
Psychiatric disorder	260
Seizure disorder	281
Spina Bifida	15
Substance Abuse	185
Suicidal	44
Visual	873
Other	369
Total Identified Conditions	5,078

Some students may exhibit more than one chronic health condition

Appendix A

CHRONIC HEALTH CONDITIONS (CONTINUED)
SERVICES WHICH MUST BE PERFORMED DAILY
BY A REGISTERED NURSE

October, 1990 Review

Catherization	5
Gastrostomy feedings	11
Inhalation therapy	5
Intravenous apparatus	2
Nasal gastric feedings	1
Stoma care	2
Total	26

If contracted, the annual cost to the district would be $276,120. (26 services at $59.00 per day for 180 days)

Appendix B

FACT SHEET: Health of Iowa Youth 1990

- Iowa has 791,622 children and adolescents under age 19 (Vital Statistics Bureau, Iowa Department of Public Health, 1989).

- More that 20% of children under age 18 live in families whose income is below the Federal poverty level (U.S. Department of Commerce, Washington, D.C. 1987).

- Child health clinic enrollment reached an all time high of 16,718 in 1989; 4,738, or 28%, were school-age children (Iowa Department of Public Health).

- Over 4,654 children were seen in Child Health Specialty Clinics in 1989; 2,727, or 58%, were school-age children (Child Health Specialty Clinics, University of Iowa).

- Two of every five children are inadequately immunized at age two according to Iowa Immunization Law (Iowa Retrospective Immunization Survey, 1989-90 school year).

- Rural adolescents have fewer physician contacts, but use more hospital service than their urban counterparts (Improving Health Insurance Coverage of Adolescents, McManus Health Policy, Inc. 1988).

- Teen mothers account for 10.3% (4,017) of all live Iowa births (Vital Statistics, 1989).
  The perinatal death rate is 15.4 per 1,000 live births for women under age 18 (1988).
  Low birthweight accounts for 9.1% of total live births to women under age 18 (1988).

- Many Iowa children and adolescents die from preventable causes of death:
  666 child/adolescent deaths, rate of 84.0 per 1,000,000 population (1989).
  193 child/adolescent accidental deaths, rate of 24.3 per 100,000 (1989).
  31 teen suicides, rate of 3.9 per 100,000 population (1989).
  12 child/adolescent homicides, rate of 1.5 per 100,000 population (1989).
  (Vital Statistics, 1989. Iowa Department of Public Health)

- 92% of all school children had mild or moderate gingival inflammation, which indicates they would benefit from improved oral hygiene procedures at home and regular visits to the dental office for reinforcement of oral hygiene instruction (Iowa Department of Public Health, Dental Bureau, 1989).

- The percent of children with a dental visit during the past year positively correlated with family income:
  For children from families with income of less that $10,000, only 56% of the children had a dental visit, while over 86% of children with family incomes in excess of $35,000 had a dental visit during the year (Iowa Department of Public Health, Dental Bureau, 1989).

- There is a shortage of child health care specialists in Iowa:
  1,085 Family Physicians.
  212 Licensed Pediatricians: 72 in Iowa City and 140 spread over the remainder of Iowa, with the western portion of the state experiencing a critical shortage of pediatricians (Iowa Chapter American Academy of Pediatrics, 1990).
  72 Licensed Advanced Pediatric Nurse Practioners (Iowa Board of Nursing, 1990).
  11 Licensed Advanced School Nurse Practitioners (Iowa Board of Nursing, 1990).

- The continuous availability of primary health care services, especially in rural areas, has been difficult to provide for many communities (Governor's Task Force on Rural Health, 1989).

- Other underlying causes for inadequate access to health care include:
  Insufficient number, type, and distribution of health care providers;
  Lack of transportation;
  Inadequate reimbursement for services;
  Inadequate hours of operation;
  Inconvenient location of services; and
  Insufficient number of choices of providers ((State of Iowa Policy Academy for Families and Children at Risk, draft, March 1, 1990).

- Nearly 114,000 Iowa children are uninsured (The Caring Foundation, 1989. Blue Cross/Blue Shield of Iowa).

- One third of Iowa's uninsured population are children under age 18 (Governor's Blue Ribbon Task Force on Uninsureds, 1989).

- 53% of Iowa school report: 460 Iowa students require special care procedures during their school day. These students require 598 special care procedures in the school setting. The most common procedures are:
  Delivery of medication by special means or routes;
  Intermittent urethral catheterization;
  Gastrostomy tube feedings;
  Suctioning of mouth or airway;
  Tracheostomy care;
  Use of feed pump;
  Administration of oxygen or of monitor; and
  Five Iowa students require ventilator support.
  (Iowa Department of Education, 1989 Survey of Special Health Care Needs of Iowa Students)

- An estimated 277 Iowa children live "on the streets:"
  868 are Quasi Homeless.
  1,048 live in shelters.
  6,394 live in a "double-up" situation.
  25,652 are reportedly "near homeless."
  (Assessing the Educational Needs of Iowa's Homeless Youth: Account of Homeless Children and an Appraisal of the Educational Needs of Homeless Youth in Iowa. Iowa Department of Education. December 1989)

The following is a guide for health screenings provided by school nurses for all district students grade PK-12

ROUTINE SCHOOL HEALTH SERVICES FOR STUDENTS

TYPE OF SERVICE	GRADE PK	K	1	2	3	4	5	6	7	8	9	10	11	12
MEDICAL APPRAISALS:														
a. All students	x	x			x			x			x			
b. All students who participate in athletics who do not bring reports from private or clinic physicians									x	x	x	x	x	x
c. New students, referrals, & rechecks at other grades including Special Olympics	As Needed													
GROWTH APPRAISAL:	x	x	x	x	x	x	x	x	x	x	Upon Request			
VISION SCREENING TESTS:														
a. At certain grades	x	x	x		x	x		x			x			
b. New students and referrals at other grades		x				x		x			x			
HEARING SCREENING TESTS:														
a. At certain grades	x	x	x	x	x	x	x	x						
b. New students, referrals at other grades, and 3-year evaluations			x	x	x	x	x							
c. Known hearing loss								x	x	x	x	x	x	x
SCOLIOSIS:														
a. Female								x		x				
b. Male										x				
SPECIAL SERVICES:														
a. Inspection for nuisance diseases (lice, scabies, ring worm)	As Needed													
SICKLE CELL - Tuberculosis	As Needed													
DENTAL HEALTH EDUCATION AND/OR INSPECTIONS	As Available													

APPENDIX D

Position Statement of School Nurse Task Force

Provision of Nursing Services by Nonlicensed Personnel

The Iowa Board of Nursing recommends that each school district employ registered nurse(s) knowledgeable in school nursing to direct and provide school health services. The Board further recommends use of registered nurses, not nonlicensed personnel, to deliver day-to-day nursing services and health counseling to students. Nonlicensed personnel are not educated to recognize, assess, manage, or make appropriate referrals for the myriad of health problems now being handled in schools.[1] The Board wishes to remind school nurses and school officials that the performance of non-registered nurse delegated and non-registered nurse supervised nursing activities by nonlicensed persons constitutes practicing nursing without a license and is not in the interest of the health, safety, and welfare of the public.[2] This practice is illegal and may result in civil action being taken against those involved.

The Board understands there are increasing numbers of students in educational settings requiring specialized nursing care during the school day. To meet the health care needs of these students the registered nurse should be employed to collaborate with others to plan, implement, and evaluate health care.

[1]Committee on School Health, "Qualifications and Utilization of Nursing Personnel Delivering Health Services in School" Pediatrics, 79(4) pp. 647-648.

[2]Delegate Assembly Book of Reports, National Council State Boards of Nursing, Inc., 1987.

APPENDIX E

The school nurse shall be responsible for assessing the student and developing an individualized nursing care plan. Based on the assessment the registered nurse may delegate the performance of specific nursing functions to qualified designated others. However, the registered nurse may not delegate those functions requiring the knowledge and skill level currently ascribed to the registered nurse. The decision to delegate a specific nursing function shall be the sole responsiblity of the registered nurse and is based on the individual student's needs and the ability of the nonlicensed person to safely perform the assigned task. Although nursing procedures are frequently performed in the home by the student or family members, health care of the student within the school shall be under the purview of the registered nurse. The registered nurse shall retain accountability for all actions that are delegated.

This position is supported by the American Academy of Pediatrics statement:

> If paraprofessionals are used to perform specialized care taking procedures, the school physician and school nurse determine competence, conduct in-service training, and then provide regular supervision and documentation of the paraprofessionals' competence.[3]

Qualified nonlicensed personnel shall mean a person who has completed appropriate training pertinent to the individual

[3]Committee on School Health, "Qualifications and Utilization of Nursing Personnel Delivering Health Services in School" Pediatrics, 79(4) pp. 647-648.

student's needs as provided by the registered nurse. The non-licensed personnel shall demonstrate to the registered nurse their ability to competently perform the assigned functions. Supervision is an ongoing process which requires periodic assessment and evaluation by the registered nurse. Documentation of this process shall be maintained.

The decision to delegate shall include, but not be limited to, the following considerations:

1. The safety and welfare of the student.
2. The stability of the student's condition.
3. The predictability of the outcome of the procedure.
4. The risk factor if the service is interrupted or improperly performed.
5. The complexity of the task.
6. Excludes nursing tasks that require the qualified nonlicensed personnel to exercise nursing judgement or intervention except in emergency situations.

March, 1988

The registered nurse shall provide the nursing care. In stable situations the provision of care may be delegated to qualified nonlicensed personnel. The registered nurse shall recognize and understand the legal implications of accountability when performing, supervising, delegating, and evaluating nursing functions.

Protocols shall be developed by the registered nurse which provide direction for the performance of specific function. Students with special health care needs shall have individual health care plans.

The chart indicates those functions which may be delegated to qualified nonlicensed personnel at the discretion of the registered nurse. This is not an all inclusive list but are those procedures which may be performed in the school setting. Many of the following functions require a physician's order.

PROVISION OF CARE

	Qualified Nonlicensed Personnl	Licensed Nurse RN/LPN
Nursing Procedures:		
Nasal-Gastric Tube Insertion		RN/LPN
Nasal-Gastric Tube Removal		RN/LPN
Nasal-Gastric Feedings		RN/LPN
Gastrostomy Insertion		RN/LPN
Gastrostomy Feedings	x	RN/LPN
Clean intermittent catheterization	x	RN/LPN
Crede	x	RN/LPN
Postural Drainage	x	RN/LPN
Percussion	x	RN/LPN
Suctioning:		
Bronchial		RN/LPN
Pharnyx	x	RN/LPN
Tracheostomy	emergency only	RN/LPN
Glucose Levels:		
Blood	x	RN/LPN
Urine	x	RN/LPN
Medications:		
Injection	emergency procedures	RN/LPN*
Inhalation	" "	RN/LPN
Rectal		RN/LPN
Bladder instillation		RN/LPN
Oral, eye, and ear drops, topical, etc.	x	
Per N/G		RN/LPN
Per G Tube		RN/LPN

* Exclude EpiPen Allergy Kit

	Qualified Non-licensed Personnel	Licensed Nurse RN/LPN
Medical Support System:		Transport/Other on bus
Mechanical Ventilator		RN on site
Mechanical Pump feeding		RN/LPN
I.V. Feeding (TPN)		RN
Tracheostomy care	emergency only	RN/LPN
Oxygen	x	RN/LPN
Hickman/Broviac Care		RN
IVAC/IMED		RN on site
Devices:		
*** V.P. Shunt (pumping/monitor function)		RN
Prosthesis	x	RN/LPN
Orthosis, braces	x	RN/LPN
Cast care (body, hip)	x	RN/LPN
Colostomy/ilestomy-empyting/care irrigation	x	RN/LPN
Peritoneal Dialysis		RN
Health Care:		
Skin care/skin breakdown	x	RN/LPN
Oral care (teeth/gums)	x	RN/LPN
Constipation/diarrhea	x	RN/LPN
Nutrition		
Assessment		RN
Calorie supplementation	x	RN/LPN
Fluid intake	x	RN/LPN
Assessment of oral motor deficits		RN
Emergency seizure procedures	x	Acute - RN/LPN
Lifting, positioning	x	RN/LPN
Soaks	Chronic - x	Acute - RN/LPN
Staff Education:		
CPR		RN*
First Aid		RN**
Medicine Administration		RN
Screening Procedures		RN
Health Care:		
Procedures		RN
Emergency Protocols		RN
Nursing:		
Nursing diagnosis/Process		RN
**** IEP Health Component		RN

*Certified CPR Instructor
**Certified First Aid Instructor
***Venticle - peritoneal shunt
****Individual Educational Plan